While the outcome measure in this study was neonatal mortality, another result of increasing birth weights would be the reduction of neonatal morbidity. Low-weight babies are at higher risk for intracranial hemorrhage and birth asphyxia (*12*). Without losing sight of the positive contribution of intensive perinatal medical care in reducing morbidity (*16*), "a strategy aimed at reducing the prematurity rate should be more effective in reducing morbidity in the population than a strategy focused primarily on helping premature babies survive, once factors have combined to cause a premature birth" (*12*).

In summary, this study has shown that North Carolina's higher neonatal mortality is due entirely to lower birth weights, when compared to the United States, and that little improvement in birth-weight distribution has occurred since at least 1976. Further, from 1981 to 1982 the percent of low-weight births actually increased. Clearly, a major part of our agenda for preventing future neonatal deaths in North Carolina should be the implementation of programs that reduce the number of low-birth-weight babies.

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